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DR. TULLY'S MATERIA MEDICA.

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WE are very sorry to notice, in some of our medical journals, severe and uncalled-for strictures upon the work of Dr. Tully on the Materia Medica and Therapeutics, now being issued from the press in monthly parts. We are sorry for two reasons. One is, that such strictures, unjust in themselves, may have the effect to lessen, if not entirely to take away, the patronage of the work, and so discourage those generous individuals who have taken upon themselves the responsibility of its publication. The other reason is, that the editors of these journals will regret, in the end, if the publication should go on to completion, their too hasty remarks, and be as sorry as we are that they were ever made. If these editors will let Dr. Tully get fairly into his subject before they "let fly their pop-guns," we assure them that they will have no cause to regret following the *laissez faire* plan. In the mean time, however, should they continue to send forth their extemporaneous thoughts in the same strain, they may, so far as their journals have influence, do great disservice to the cause of medical science, in the department of the materia medica and therapeutics; especially if such remarks should discourage the patrons of the work—for it cannot go on without patronage. We will venture to add here, for we profess to have some knowledge of what Dr. Tully can do, that if the work should be completed, it will be unsurpassed in fullness and accuracy and in practical utility, by any other work, of the same sort, in the English language. We say this without intending to undervalue other works of the kind that have been already published.

We are more sorry to perceive the manner and tone of some of the strictures referred to. We will notice particularly those contained in the Buffalo Medical Journal for January of this year. The editor of this Journal founds his argument for condemning the entire labors of Dr. Tully, on this subject, which have extended through a period of more than forty years, on one point contained in the first number, viz., the "non-absorption of remedial agents," and gives us to understand that the judgment of Dr. Tully's friends is nothing near so clear and far-sighted as

his own; for, he says, that Dr. Tully in maintaining this doctrine, "adopts as the basis of the materia medica, the obsolete dogma of *exclusive solidism*" * * * "and this vicious principle will render the entire work useless." We trust that the editor will understand us as speaking comparatively, for we are far from wishing to convey the impression that he is not clear-headed or far-sighted; nevertheless we do think that, in this instance, he has missed his mark. We simply ask him to give us a satisfactory reason for his statement. We are inclined to the opinion that it matters little what theory Dr. Tully holds in reference to the particular subject under consideration, whether that of the solidists, the humoralists, or both together, provided he gives us exact and positive information on the powers and therapeutic application of remedial agents. We may be more stupid than the editor, and he may be able to prove it to us; but, for the life of us, we cannot see how the fact of Dr. Tully's holding the opinion, an "exploded" one, if you please, of the "non-absorption of remedial agents," can in any manner vitiate what he may have to say on any particular articles of the materia medica. Suppose, for illustration, that in the case of some disease, there are certain manifest phenomena which plainly declare certain indications; a remedial agent is sought for and administered to fulfil these indications. Suppose the result of this to be, that the required operation is produced, and the desired effect obtained. Now the question we would ask is, whether, in order to accomplish this result, it is necessary that we should know the precise method or process by which it was obtained from the remedy used? Does it, in truth, make any difference, in a practical point of view, whether we are able or not to comprehend the *why* and the *how*, however desirable such knowledge may be.

Again, there are certain remedial agents that we call narcotics, there are others we call nervines, there are others still which we name stimulants. They are so designated and distinguished from certain manifest effects which they produce upon the human body, when taken into the stomach, peculiar to each respectively. A person familiar with the known powers of the remedial agents belonging to the classes above mentioned, would be able to predict, almost infallibly, in a greater or less degree, what would be the effects from their administration. In this way, in part at least, he comes to learn how to administer remedial agents for the relief of suffering. We are only speaking in a general way. For instance, there are certain narcotics called *anodynes*, certain others called *hypnotics*; from the fact of the one assuaging pain and the other promoting or producing sleep. There are certain nervines which are said to relieve spasm, and hence called antispasmodics. There are certain stimulants that are said to relieve exhaustion and faintness, and hence are called *restoratives*. Now the question recurs: if we know that such are the facts, and are sufficiently acquainted with the powers of the remedial agents, to administer them safely and judiciously, is it necessary that we should know precisely the *modus operandi* of the remedial agent, in order to obtain the desired effect of its administration; much less, whether it is absorbed or not into the circulation. The possession or the want of such knowledge cannot, so far as we can see,

affect the powers of our remedial agents, nor their correct therapeutic application. We shall adhere to our opinion, however presumptuous it may seem, until the editor shall convince us to the contrary, that whether Dr. Tully holds the "dogma" of solidism or humoralism, or any other ism, the opinion of the absorption or non-absorption of remedial agents cannot in any manner affect the value of what he may have to say on the powers, remedial operative effects, and the therapeutic application of the particular articles of the materia medica.

The editor implies that the question, whatever may be its importance, is a settled one. In this, too, we think he is rather wide of the truth. It may, however, be settled somewhat after the manner of certain political matters; a kind of settlement very likely to be unsettled at any time.

Let us look at the question in another light; let us suppose Dr. Tully to be wholly wrong in his views of the non-absorption of remedial agents; that he is simply reviving an "exploded" opinion of the solidists, and that every fact he adduces in behalf of his own views amounts to nothing at all, when placed by the side of the "*mass*" of testimony sustaining the opposite opinion. Let us suppose that remedial agents are taken up into the mass of the circulation before producing their operative effects, and that they float up and down with the vital stream—yea, so thoroughly mixed with the whole that a pint of it shall hardly contain the twenty-first or even the thirtieth attenuation of a homœopathic dose—before their proper operative effect is produced; supposing all this, will this editor be so kind as to inform us what the *modus operandi* of any one remedial agent is after being received into the mass of the circulating fluid; not, we wish him plainly to understand, its obvious operative effect, but the process by which its operative effect is produced? When he shall have done this in a satisfactory manner, we will hold ourselves bound, at least, to consider the question further, if not to give up our opinion; but, until then, we must maintain that the question of solidism or humoralism, in a practical point of view, is a matter of opinion, about which different writers may hold opposite views, without in the least affecting sound principles of the materia medica and therapeutics; so long as they give us exact information in regard to the powers of remedial agents, and their most obvious therapeutic application.

Objection has been made, in some quarters, to the use Dr. Tully makes of "barbarous and long words, which nobody can pronounce and very few understand," * * * "altogether unscientific";—that is, he has adopted terms, as applied to his classification of the materia medica and to the supposed operative effects of remedial agents, that are peculiar to himself, which nobody ever employed before him and nobody will take the trouble to understand after him. It is hardly time yet to speak fully on this subject, for Dr. Tully has not published his method of classification, and in what has already been published, he has only here and there made use of terms which can give any possible color to the objection. Nevertheless, as the objection has been made, we may say, in a general way, that where there is no settled standard, or rather, perhaps, where the adopted standard is uncertain and unsatisfactory, every author has a right to be governed by his own taste and judgment; pro-

vided he uses technical terms appropriately, and gives us clear and concise definitions of what is intended by them. If one will consider the unsatisfactory and chaotic state in which medical technical terms have existed and do now exist, and how indiscriminately they are employed by authors and practitioners to express the same things by different terms, and different things by the same terms, and the consequent confusion of ideas as well as of things, he will, we think, be disposed to waive his objection to an attempt to give greater precision and accuracy to medical language in general, and technical language in particular. This is, we believe, what Dr. Tully intends to do; and we most heartily wish him all success. To say that Dr. Tully is "unscientific," is only to expose one's ignorance. The only apology for the objection is, that he may be too strictly scientific in the use of the language of chemistry for permanent use, for chemical nomenclatures vary with almost every new discovery, or what purports to be such. This, however, can relate to only a small part of a system of materia medica, and is not really much of an objection in itself.

To illustrate, in part, what has been said, let us take two words, very commonly used among medical practitioners in a technical sense—*prostration* and *exhaustion*. We find that physicians in common intercourse with each other use these words indiscriminately, the one for the other—and we rarely take up a modern medical book in which the author, if the words occur at all, does not use them synonymously. We might say the same of a multitude of technical terms. Now we want no more technical words than are necessary to express their objects or ideas; and if the two words, above mentioned, are synonymous, and may be used indiscriminately to express the same state or condition, it seems to us that it would be well to dispense with one of them, and so far disencumber our technical language of an unnecessary word. May it not lie, however, that most medical men of our time, for some reason or other, have lost the proper use of these words? In former times these words were used by physicians, in their appropriate and distinctive sense, and there is the same reason for the distinction now as formerly, but for some reason the distinction seems to have been nearly lost sight of. The old writers understood, by the word *prostration*, that state of the system where the vital power or energy is apparently *latent*; the vital principle* being for some cause prevented from manifesting its ordinary excitability. By the word *exhaustion*, they meant that state of the system where there was apparent positive deficiency of the vital power or energy. Whether, if we knew more about the vital power, as the living energy is called, or its relative condition in the states expressed by these words,

* By our use of the expression, "vital principle," we shall probably expose ourselves to criticism We are free to say, however, that modern philosophy is at once too material and too presumptuous to perceive the true principles of the science of man, and the form that physiology should take, in order to assume its due importance, and exercise its appropriate influence. The idea of considering *life*, or the sensible principle, as consisting in the aggregate properties of matter,—a mere mental abstraction,—having no existence distinct from organization, and to be classed in the same category with the Newtonian principle of gravitation, is, to say the least, obviously absurd. We think that the ideal and spiritual are as real as the visible and the tangible; and that physiology, as the science of life or "living organism" is called, must be based on a higher philosophy of man than now obtains, before it can exert its true and proper influence.

they would be appropriate, is beside the question. We have a notion of something, when we speak of vital power, though it may be impossible to express it in terms; so had the old writers, and they say that the two states or conditions indicated above could with ease be detected and distinguished. The former state may be compared to an elastic spring depressed by a weight; the latter to the same spring with its elasticity destroyed. It will be obvious, we think, to any fair-minded man, that if there is ground for the distinction, as we contend there is, it is practically of no small importance.

For further illustration of our position, we will refer to two classes of remedial agents; for example, *Narcotics* and *Nervines*. From a careful and somewhat extensive examination of writers on the materia medica and collateral subjects, we have not been able to find one who has given a full, clear and satisfactory definition of the terms themselves, much less a satisfactory account of the operative effects of the remedial agents to which the terms are respectively applied. This shows obviously that the writers themselves possessed no distinct and clear idea what manifest operative effects were necessary to entitle a remedial agent to the name of narcotic or nervine; and that this defective state of their knowledge rendered it impossible for them to distinguish accurately one class from the other. The term narcotic implies the idea of something that will produce torpor and stupefaction—and nearly every writer we have examined on this subject, attaches some idea of this sort to all of the remedial agents arranged under this head. In general, writers say, that narcotics affect the sensibility in some way, and induce stupefaction, insensibility; and ultimately, when administered immoderately or excessively, they produce delirium, coma or convulsions or both. The greater part of these writers say that narcotics produce primarily a stimulant effect upon the nervous and vascular systems, and that this stimulant effect is followed by depression of the vital powers, which is supposed to be the operative effect of a narcotic proper. When they describe the particular operative effects of the remedial agents of this class, they say, in a general way, that they are narcotic, anodyne, hypnotic, stimulant, sedative—making a distinction between narcotic and sedative,—inspissant and perhaps calmative; and these are called its physical or physiological actions. Sometimes, however, they refer the operative effect of a drug to some *act or original impulse of volition*, when it cannot be satisfactorily referred to some physiological action as it is termed. Nearly all of these terms, and others we have not mentioned, but equally *clear and expressive*, are applied to almost all of the remedial agents arranged under the class narcotics. It would seem, as far as we can judge, that writers on the materia medica take as the type of the class, some one article which combines in itself several distinct powers, and from the operative effects of this, with which, perhaps, they are most familiar, judge of the whole. To say the least, it is a very unphilosophical mode of proceeding, if it be so. But to proceed; when they speak of the uses or therapeutic application of these remedial agents, the following terms are very frequently employed, viz., antispasmodic, antidysenteric, febrifuge, antihysteric, antirheumatic, and many others just

as *definite and expressive.* The doses and mode of administering the remedial agents of this class are not better understood; the latter especially in respect to combination, frequency of repetition and length of time for continuance, as adapted to different types and forms of disease. We cannot now go into particulars. We will add a few words on the class nervines.

This class is more frequently denominated antispasmodics, which, from the definition given to the term, would comprehend a greater or less number of the remedial agents of nearly every class in the materia medica. It is commonly stated that they are stimulants, or rather stimulants of the nervous system, and tonics of the nervous system, and even narcotics, and scarcely to be distinguished from them!! It is stated also by some that both narcotics and nervines are *alteratives* (a term, by the way, conveying no distinct meaning); but whether it be so or not, in this instance it is grossly misapplied to express a change in the *quality* of the *vital action* of the nervous system. What sort of vital action can anybody predicate of the nervous system? if none, much less can any *quality* of action of the nerves be appreciated by any one. If no appreciable action can be predicated of the nervous system, how is it possible to ascertain whether there be increased or diminished action of that system, as the term *stimulant* of the nervous system would seem to imply? How inappropriate, then, is the use of such language, unless we attach different ideas to it from the generality of writers. Nevertheless, whatever that difference may be, we are persuaded that the writers who employ it would not be a little puzzled, if put to it, to define what they mean by any *quality* of action of the nervous system, or indeed *any action* at all.

Now we not only think, but know from actual experience and observation, that there are such remedial agents as pure or simple narcotics and nervines, and that their manifest operative effects, when administered to persons in health, may be observed, noted and determined with a degree of accuracy and precision, that, so far as we are aware, has not been obtained, as yet, by any author on the materia medica. The same may be done, also, when these agents are administered to fulfil certain indications in morbid or diseased conditions of the human system—if administered judiciously; especially can this be done, if in addition to a clear and precise idea of the powers and operative effects of our remedial agents both in health and disease, we have also a tolerable knowledge of the true natural history of the existing disease, at least an accurate appreciation of existing symptoms—particularly in reference to the locality of their origin and peculiarity of their cause—and of those most likely to appear in the progress of the disease, so as to be able to distinguish, with a degree of certainty, between the symptoms of the disease and the operative effects our remedial agents are capable of producing. By careful and accurate observation, then, of what may be considered and understood as the manifest operative effects of simple narcotics and nervines, we are in some measure prepared to appreciate the operative effects of those remedial agents which possess two or more powers: for example, narcotic and stimulant powers; or narcotic and

alterative, or, more properly, deobstruent powers; or nervine and deobstruent powers; or narcotic, stimulant and nervine powers. Especially shall we be prepared for this, if we have clear and precise ideas of the manifest operative effects of simple stimulants and deobstruents. In order to make ourselves clearly and rightly understood, it may be well to mention, in this connection, that hydrocyanic acid, spigelia Marilandica, and hyoscyamus niger, are examples of simple narcotics; that chloric ether, moschus, coffea and vanilla aromatica, are examples of simple nervines; unless it be that chloric ether possesses also a stimulant power; but we are inclined to think that it is a simple nervine; that some of the preparations of ammonia and phosphorus are simple stimulants; that iodine and leontodon taraxacum are examples of simple deobstruents, in their primary operative effects, unless the former may also possess some moderate degree of tonic power, though no one would be justified in administering it for its tonic power alone; still this operative effect of iodine should be taken into account when administered for its deobstruent power. Opium may be taken as an example of a remedial agent producing primarily nervine, narcotic and stimulant operative effects, according to the mode of its administration, besides other operative effects unnecessary to mention in this place. Alcohol and wine are examples of remedial agents producing primarily stimulant and narcotic operative effects. Conium maculatum and digitalis purpurea are primarily narcotic and deobstruent in their operative effects.* Assafœtida is nervine and deobstruent. These statements are made on the supposition that the articles are used medicinally, with reference to their curative powers, for alcohol, opium and iodine might be so administered as to kill in a short time, but their operative effects in producing such a result are very different from what is produced when given for their remedial effects.

We could go much more into detail on these points, and others having a close relation to them, and show at large, were this the occasion for doing so, that materia medica and therapeutics are ill understood by the generality of writers on the subject, and besides, that there is a great deal of confusion, indefiniteness and uncertainty in regard to what may be considered as best understood; but we think we have said enough to make our point clear, whatever may be the opinion of others about it. If, however, any one wishes to examine the matter carefully and critically, let such an one do it in reference to any one of the remedial agents above mentioned, and examine different writers on the subject in connection with it. Take, for example, first, hydrocyanic acid; it is called a contra-stimulant, or sedative, in distinction from narcotic, and yet it is said that its primary operative effect is that of a stimulant. We shall proceed cursorily in this examination, and without much detail. 2d. Coffea Arabica is said to be a stimulant, stomachic, astringent, febrifuge, and even a cathartic; and yet its only medicinal

* Digitalis probably possesses also primarily emetic and cathartic powers. But the doses required to produce such effects must necessarily be so large as would render it somewhat inconvenient to the doctor and his patient, if it did not jeopardize the life of the latter; and therefore it seems to us inexpedient to use it for such purposes.

operative effect is that of a simple nervine. 3d. Vanilla is said to be a stimulant, and useful as such in asthenic fevers; and yet it is only a simple nervine, and not at all adapted to fulfil any indication in asthenic fevers, or any fevers whatever, as a remedial agent. 4th. Phosphorus is said to be a tonic and refrigerant, a very curious and most ingenious combination; and yet it is only a simple stimulant, but one of great power and well adapted to cases that nothing else would reach. 5th. Leontodon taraxacum is said to be primarily a tonic, while it is only a simple deobstruent, and a weak one too. 6th. Iodine is said to be a *special* stimulant, producing, in some unknown way, a *change in the nature or quality of vital action;* also a tonic, purgative and diuretic. What idea can one have of the powers of iodine from such language? To speak particularly of only one of its supposed operative effects, that of a purgative, we do not deny that it may be so administered as to be the occasion of purging, yet it does not act in this way by any remedial operative effect, but by being improperly given so as to produce irritation and perhaps inflammation of the stomach and bowels. It is no more a purgative medicinally than iron filings or coarse bran. 7th. Digitalis purpurea is said to be a contra-stimulant, narcotic, stimulant and diuretic—a strange medley. It is undoubtedly a narcotic, and also *diuretic in certain cases, with proper management;* its operative effect as diuretic being only secondary, by virtue of its primary and more general operative effect as deobstruent.

We will not proceed further in this way, for we think that even now our critic will agree with us, that there is a great deal of confusion, indefiniteness and inaccuracy in the various systems of the materia medica, arising in part, perhaps, from the misuse of terms, but more likely from the authors not possessing clear and distinct notions, and correct information of the matters treated upon. We will remark here, by the way, that remedial agents should be classed according as one or other of their primary operative effects predominate; for instance, if the narcotic power predominates, among the narcotics, &c.

It is very common, in books of materia medica and theory and practice, to recommend particular articles of the various classes of remedial agents in particular diseases too indiscriminately, without sufficiently considering or specifying the condition of the system under the influence of disease, and the applicability of the article to that condition—as though the several articles of a class might be substituted for each other. In health, or even in case of a mild non-malignant disease, it *might* not matter much—such is the wonderful power of accommodation and recuperation possessed by the living human system; but as a general principle it is of great consequence. It may be oftentimes the difference between life and death. How often do physicians prescribe cathartics, emetics, &c., as though it were of little consequence what article is used, provided the particular effect is obtained.

Different remedial agents of the same class differ in a greater or less degree in the peculiarity or quality of their operative effects, whether on man in health or as remedial agents. This not only obtains in regard to articles that possess more than one property or power, but also is it true

of such articles as possess only one property or power. For example —spigelia Marilandica, datura stramonium and talula, hyoscyamus niger, and belladonna, are all simple narcotics, and yet each of them varies in the character of its operative effects. This will be obvious to any one who will push them so far as to produce decided narcosis. Hence may be inferred their applicability to different forms of disease, as well as to the varying shades of phenomena produced by disease in which they may be indicated, and that no one article of any single class is an integral substitute for another. In regard to many articles we think this may be clearly shown. Though, as we have said, they are not perfect substitutes for each other, they are adapted to *similar* cases; but still, at different periods of any particular case there is often room for choice. To explain, suppose a person to be wakeful from morbid irritability and irritation—and for reasons, we might not wish to administer opium for relief; if we should give a sufficient quantity of the extract of hyoscyamus to relieve the morbid condition of irritability and irritation, sleep would probably be obtained. Now opium will produce sleep when given to a person in perfect health; and hyoscyamus will not. Hyoscyamus promotes sleep by virtue of its narcotic power, whereby it relieves the morbid condition which produced the wakefulness, and it does this by acting directly upon the nervous system. Whatever may be said to the contrary, hyoscyamus will not assuage simple pain, of any degree of severity, if administered to any extent that would be safe, and yet it may be accomplished perfectly and safely with opium. In short, neither of these articles could possibly be a perfect substitute for the other.

From what we have already said, it can easily be inferred that we think there is some room for improvement over and above anything that exists in all the systems of materia medica and therapeutics; for it must be acknowledged that, as they now are, they mislead the student, give origin to a great deal of false doctrine, and a great deal more of bad practice, and at length there results a want of confidence in any remedial agents whatever.

It may be asked, what has all this to do with the objection that has been made to Dr. Tully's use of language as applied to his classification and to terms descriptive of the operative effects of remedial agents. Much every way. We have endeavored, in as few words as was possible for our purpose, to make it appear, that there is a great deal of inaccuracy, confusion and uncertainty in the use made of technical terms in medicine, especially in the materia medica; also, that there is a great deal of inaccuracy, indefiniteness and uncertainty respecting the variety of information contained in works on this subject. We refer particularly to a want of positive knowledge in regard to what is called the physiological and curative powers of our remedial agents. We have also endeavored, in a cursory way, to set forth that more accurate and definite information is possible. Now it is promised in the prospectus of Dr. Tully's publishers, that he will give us precise and positive information respecting the powers and actions of remedial agents, discriminating accurately the operative effects of the different classes, and the peculiar action of each individual article of the several classes, together with

their correct therapeutic application; that he will be clear and precise in his use of language in general, definite and accurate in the use of terms in particular,—a kind of knowledge we think of vital importance, and of which, we fear, the generality of our practitioners are lamentably ignorant, and from which ignorance, we know of no existing work on the same subject, whereby they may redeem themselves. The publishers promise, too, that Dr. Tully will give a new system of classification founded upon principles, in a great measure, if not entirely, unlike any that have ever yet been promulgated, and which may be adopted as a *safe practical guide*, which cannot be said of any existing classification of our remedial agents, as far as we are informed. We have occasion, to know that the publishers will not fall short of any promises they have made; for Dr. Tully can, and we think will more than fulfil them. It is definite and precise information respecting the operative effects of remedial agents in disease as well as in health, and their correct therapeutic application, that is wanted to inspire confidence in their use; and even more than this is promised. Our conclusion, then, is, that when there is so much to gain, it is comparatively of little consequence what terms Dr. Tully makes use of to convey the promised information—provided they are appropriate and sufficiently distinctive. We have no misgivings on the subject whatever. We are sure that the language generally, and the terms in particular, which Dr. Tully will make use of, will at least be comprehensible, though it may require some patient application of mind to apprehend the variety of matters of which he will treat.

Before concluding, we must allude to another objection to the work of Dr. Tully, and we can do but little more than allude to it. It is said that Dr. Tully is "*behind the age.*" A very important fact, if true. There is, however, another fact which we know to be true, and which it might be well for the objectors to consider. We refer to the fact of there being in every age certain individuals who get so far in advance of the age in which they live, that they leave all that is valuable for it or themselves behind them; and can find no better employment than to be always carping at the common-sense views of sensible people. For them the past is nothing, the future everything; they neglect the one, and never attain the other. They make high-sounding pretensions about their new ways—when there is no show of a beaten path—blustering and fermenting, frightening some and cajoling others—of no ostensible benefit to themselves, the age in which they live, nor to the generation that succeeds them. The only sensible remark such people have ever been known to make, is "that the age is behind them." We don't mean to say that those who have made the assertion in regard to Dr. Tully, belong to the class of persons we have indicated; they can decide that for themselves; but we should like to be informed of their reasons for making the assertion at all, and in what way they can sustain it—for, as it stands, we have no criteria by which to combat it, and must be left to our own resources or conjectures. We should consider it a high compliment to have the same thing said of us, in this age of extraordinary enlightenment, when theories in politics, religion,

medicine, and even general literature, are so refined and diluted as to transcend all common-sense views of things, as well as contradict the experience of ages. Such assertions, however, are always relative, and really have very little force; they ought to have none, in fact, or rather, perhaps, no more than is sufficient to give the unthinking part of men an idea of the strong powers of mind, great industry and immense erudition of those who make them. However the case may be, we believe that Dr. Tully will give us something that will serve in some measure to restrain the restless and oftentimes misdirected activity of some of the pretending cultivators of medical science in our time, especially help to correct "that depraved appetite for mere medical gossip, and the frothy inanities of extemporaneous journalism," which has obtained such a head in this country at the present time; and particularly assist to revive the taste for good, sound medical literature. This by the way. We have seen nothing, in what has been already published, that would justify the assertion in the sense in which it was intended, or in any good sense whatever. That Dr. Tully may not harmonize with all the notions and opinions on medical subjects of the present day, we will not deny; this certainly can be no cause of discredit, and time will be necessary to determine whose opinions are most fallacious and whimsical. It is very strange, too, that any one should venture to charge Dr. Tully with being "behind the age," on a subject of which the greater part of our profession of the present day, by their own confession, are most lamentably ignorant. Ignorance confessed, however, is a most happy omen, for it is the first step to knowledge. We hope, therefore, that Dr. Tully will have a fair hearing before he shall be condemned, for he has been a most laborious student for the last forty years, an original and careful observer, with a most extensive practical experience; and we look with confidence for the results, in part, in the work now being published.

Not wishing to be misunderstood in our remarks, particularly in the comparative commendation of the work of Dr. Tully, we repeat more fully what we said at the beginning, that we do not intend to undervalue, and certainly not to disparage at all, many excellent works now extant on the same subject. We refer particularly to Pereira, Paris and Thompson, among the English; Barbier, Merat and De Lens, among the French. Bigelow and Dunglison must have whatever preëminence there is among the Americans at present. We trust, however, that the time is not distant when America will stand at least the equal of England and France on *this* subject, as she does on some others of general and particular science. When Dr. Tully's work shall be completed, so that it may be *studied* and duly appreciated, we confidently believe that it will not only equal the best works of the kind, but quite supersede them all.

*Boston, Feb. 15th,** 1853.

P. S.—Since the above was written, we have seen several very favorable notices of Dr. Tully's Materia Medica. The New York Jour-

* The above communication was received during the Editor's absence from the city, which will account for its late appearance in the Journal.

nal of Medicine and Surgery says—"It will add greatly to the domain of practical medicine." The New Hampshire Journal is equally favorable. Prof. Huston, of Philadelphia, has also noticed the labors of Dr. Tully very favorably. There are other equally commendatory notices that might be referred to.

OBITUARY OF CHARLES W. CHANDLER, M.D., OF ANDOVER, VT.

[Communicated for the Boston Medical and Surgical Journal.]

Dr. Chandler, the subject of this notice, was the son of John and Esther Chandler, and was born in Chester, Vt., Sept. 8th, 1771. He was the sixth child in a family of nine children, all of whom lived to a great age, the average being over 80 years. His ancestors came from Woodstock, Conn., at which place his father, John Chandler, and also his grandfather, Thomas Chandler, were born. The last-mentioned person was the first Clerk (1763) of the Proprietors of the Township of Chester, originally called *Flamstead*, and for a time *New Flamstead*; and he was the first Representative from the town of Chester in the Vermont Legislature (March 22, 1778), and for three sessions was Speaker of the House, viz., in 1778, 1779, 1780.

Dr. Chandler had no other than the ordinary advantages of education, such as were afforded by the common schools of his time. As he was born five years before the Colonies separated from the mother country, and six years before Vermont was formed into an independent State, when this region was comparatively a wilderness, it will be perceived that these advantages must have been very limited. He studied medicine for a while with his brother, Dr. Chauncy C. Chandler, of Chester, and continued his study with a physician in Cooperstown, N. Y., where he was engaged for a time in teaching school. He attended the medical lectures of Prof. Nathan Smith, at Hanover, N. H. He was twice married. First, to Nancy White, in October, 1803, by whom he had three children; and second to Mrs. Mary Larkin, in January, 1815, by whom he had two children. Twice has he been called to mourn over the sundering of the tenderest earthly relationship, and both of his sons have gone down to the grave before him. Henry, his youngest child, on whom he leaned as the staff and stay of his old age, died in 1839, at the age of 21, to the sore grief and disappointment of his father; and the oldest of his children, Wolcott C. Chandler, M.D., died in the midst of his activity and usefulness, in Natick, Mass., in 1849. Dr. Chandler's three daughters still live to mourn the death of one of the kindest of fathers and best of men.

He settled in Andover, Vt., in the year 1799, and remained there until January, 1852, being for more than half a century actively engaged in the practice of medicine in that town and the region round about. It was the profession of his choice, and one for which he was peculiarly fitted by native endowment. With a well-settled conviction of his aptitude for it, he entered it early in life, and he devoted himself to his profession with untiring energy and unabated zeal until his health

and strength failed him, a little more than three years ago. In the month of December, 1849, a shock of paralysis disabled him from further active service, and gave him the first distinct admonition to set his house in order in preparation for his decease. During the period of his decline, the shadows have been gathering slowly but steadily over his pathway; the orb of vision has been growing dim; white blossoms have covered his head; and all his faculties have been sinking under the weight of accumulated infirmities, until at length his body has been borne to the grave, to mingle with the dust as it was, and his spirit has returned to God who gave it.

Dr. Chandler maintained a high rank as a physician. His superior medical skill has always been acknowledged, and his practice has been extensive in all the region round about; and no country more hilly and bleak, no climate more cold and severe, can be found in our whole land, than are presented in the field of his labors. In his early days he travelled over a large extent of territory, when the roads were very bad, both in summer and winter, and the country new; to wit—Chester, Grafton, Windham, Londonderry, Landgrave, Peru, Weston, Mount Holly and Ludlow. He was ever ready to go when he was called for, whether it was to the rich or the poor, by day or by night, through mud in summer or snow-drifts in winter. He travelled hundreds of miles on snow-shoes where he could not go with his horse; and in one winter of unusual severity, he travelled in this way more than 300 miles. He never stopped to inquire if he should be likely to get his pay, and consequently he had notes and accounts to the amount of hundreds, and, I presume, thousands of dollars, which are not worth the paper they are written on; yet his doors were ever open, and his table spread for the weary and hungry.

He was distinguished for independence of character. This quality was connected with his athletic physical frame and vigorous constitution. A native of this severe clime, he has ever breathed its bracing air; been inured, from his earliest youth, to toil and hardship, and performed as much hard service in his profession, perhaps, as any other man; few, indeed, have ever performed as much. All these external circumstances and influences had nurtured in him firmness of purpose and decision of character. Entering upon his professional career at so early a period, while this whole region was but partially settled and thinly inhabited, he found the practice of medicine by no means an easy or a lucrative business. He began, indeed, in poverty. He acquired some means for prosecuting his studies by teaching school. But had he not been made of "sterner stuff" than many exquisite young men of our day, he would have failed in the outset. He was not a man, however, to put his hand to the plough and look back. By economy, perseverance, and fidelity to every engagement and to every duty, he succeeded in accumulating a competence of this world's goods, not only for himself and his immediate family, but also an abundance to scatter in charity among the poor and needy, who never called on him for relief to be turned empty away. His character was firm. Its type was furnished, not by the flowing river and the changing cloud, but rather by the solid rock and the sturdy oak of his native hills.

Another prominent trait in his strongly-marked character, and connected with the preceding, was his sterling integrity of purpose. Hypocrisy and dissimulation were altogether foreign to his nature. Integrity, the crowning virtue of humanity, was his crown and glory. Flattery could not seduce him from the path of conscious rectitude, nor fear intimidate him into what he believed to be wrong. This element of his character was conspicuously manifest during the anti-masonic excitement, which raged in Vermont like a pestilence. He was a Freemason, and ever consistent and unwavering in his attachment to the masonic institution, whose liberal principles and benevolent purposes were so congenial to his own generous spirit. I mention this in justice to his memory. I mention it because it affords an illustration of his character. I mention it, because his steadfast adherence to that institution, through good and through evil report, through all the stormy trials to which it was subjected, and when others, of weaker nerves, of pliable natures and easy virtue, who were susceptible to the bias of party and the contagion of popular fanaticism, gave way and betrayed their trusts, and professed or denied just as the mob of party directed, just as office and interest swayed them, was all the more honorable to him. While others were swayed by the popular gust that swept over the land, Dr. Chandler,

> "Resolved, and steady to his trust,
> Inflexible to ill and obstinately just,"

Just to his idea of right and true to his conscientious convictions, would not deny what he knew to be right and true, though the heavens should fall on his devoted head. He had the indomitable spirit of the good seraph Abdiel:—

> "Among innumerable false, unmoved,
> Unshaken, unseduced, unterrified,
> His loyalty he kept, his love, his zeal;
> Nor number, nor example, with him wrought
> To swerve from truth, or change his constant mind,
> Though single."

Another striking trait in Dr. Chandler, was humanity and benevolence. He distributed freely of his means to all who had a claim on his bounty. He was "given to hospitality." His heart and hand were open as day to melting charity. With filial piety he relieved the wants and ministered to the comfort of his father in his old age, and thus proved himself a dutiful son. He fulfilled the capital precept of christianity, "Learn first to show piety at home and to requite thy parents." He never forgot to do good and communicate wherever his services or charities might be needed. He visited the fatherless in their affliction as cheerfully and faithfully as he did those who were able to reward him for his services. The poor found in him a benefactor and friend on whom they could rely with implicit confidence. In him was realized the character of Job: "When the ear heard me, then it blessed me; and when the eye saw me, it gave witness to me; because I delivered the poor that cried, and the fatherless, and him that had none to help him. The blessing of him that was ready to perish came upon me; and I caused the widow's heart to sing for joy. I put on righteousness, and it clothed

me; my judgment was as a robe and a diadem. I was eyes to the blind, and feet was I to the lame; I was a father to the poor, and the cause which I knew not I searched out."

He was remarkable for the frankness and simplicity of his manners, and for a certain kind of native unaffected humor; a humor, however, which never turned sour the milk of human kindness. No man ever had a greater dislike of affectation. He had a plain way of doing and saying things, which was direct and to the purpose. He was a man of solid, rather than showy parts. Possessing in a large degree, strong masculine common sense, he despised pedantry and all the verbal tinsel of empty pretension. The useless ostentation of learning, and the shallow pretence of the quack, whether in medicine or in religion, was what he detested. Among his brethren of the medical profession there may be those who excelled him in skill or in attainments, but I presume none ever excelled him in professional courtesy, in fidelity to his trust, in kindness and humanity. He was not faultless, "but e'en his failings leaned to virtue's side." Under a somewhat rough exterior there beat one of the noblest and most generous of hearts, and he was emphatically an honest man. He was a firm believer in christianity, and in the ultimate restoration of the whole human family to holiness and happiness. His religious faith shed a serene and holy light over the closing scene of his earthly existence, which was in keeping with the general tenor of his life, calm, trustful and happy.

He died in Ludlow, at the house of his son-in-law, Abram Adams, Esq. A few moments before he expired, as he was raised up and asked if anything could be done for his relief, he replied, "*All is well.*" In this cheerful frame he passed to the world of spirits.

North Chester, Vt., March 1st, 1853. J. O. S.

CHLORIC ETHER IN PUERPERAL CONVULSIONS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The narration of the following case may be of little interest to your numerous readers, and my object in reporting it is to elicit, through the pages of your Journal, their experience with ether in the same disease.

Mrs. ———, aged 26, of light complexion, and nervo-sanguine temperament, was attended in her first confinement by Dr. G. D. Peck, Dec. 29th, 1852. Her labor, which was perfectly normal and comparatively easy, terminated in eight hours by the delivery of a healthy male child of medium size. Two or three hours prior to the termination of the labor, she made mention of pain in the supra-orbital region, but of so slight a nature as not to attract the attention of the medical attendant.

Three hours after delivery, viz., 7 o'clock, P.M., during which interval the patient remained every way comfortable, she was seized suddenly with an epileptiform convulsion. Her accoucheur was soon present, when her pulse were found but little augmented in frequency, and herself conscious during the intervals of the convulsions, of which she

had three during the first hour, lasting some five minutes each. The feet were placed in warm water, iced water was applied to the head, which was above normal temperature, and of jalap gr. xxx. were administered, being the most active medicine at hand.

At 8 o'clock I was invited to see the patient with her attendant. She still answered, but hesitatingly; exhibited some agitation, but could not remember that anything had happened; had a wild and brilliant, but not injected eye; pulse 120 per minute, pretty firm and quick. Twenty ounces of blood were taken from the arm, in the erect position, causing pallor and partial syncope. More cathartic medicine was given, and cold still applied to the head. Thenceforward the paroxysms, augmenting in severity, occurred at pretty regular intervals of an hour and a half each, until 2 o'clock, A.M., Dec. 30th. Meanwhile the bowels had been freely moved, aided by stimulating enemata.

At this time the convulsions occurred in such rapid succession as to merge into each other; the face full and livid; respiration deep and laborious; deglutition suspended, and pulse at the wrist almost imperceptible and very rapid. It now seemed evident, after employing these active measures without avail, that life must soon terminate; and at this critical juncture it was resolved to try the influence of anæsthesia.

The concentrated chloric ether was accordingly administered upon a napkin—slowly at first, but constantly, until the patient was brought under its influence, when the convulsions ceased entirely, and there only remained a lateral motion of the head upon the pillow, and some irregular movements of the limbs whenever allowed to escape from under its influence. The use of the ether was continued for an hour and a half, during which time all the more formidable symptoms had abated, and the patient apparently slept at intervals.

During the succeeding day she was delirious, attempting at times to rise from the bed, when the inhalation of a little ether would quiet her agitation and cause rest. In two days reason was fully restored, she having remembered nothing after the first spasm. Her convalescence has been as rapid and complete as in ordinary labors.

Northampton, March 12th, 1853. JAMES DUNLAP, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 23, 1853.

Moral Sanatory Economy.—That kind of instruction which is calculated to advance the health and morals, and therefore the happiness of the people, cannot be otherwise than valuable. As society progresses in what is usually denominated civilization, there are developed an immense train of social evils. Too often, when the mind is cultivated, the body falls into utter neglect. Many of the vices, also, of refinement, are quite as destructive and as difficult to control, as the grosser moral maladies that are supposed to belong to the lowest stratum of the community. It requires

courage in our age of boasted intelligence for a single-handed man to declare the fact that there is rottenness in the bones, and that corruptions are festering in high places; to point out to individuals the sins that tend to abridge the span of their existence, and in the face of the multitude assert that disease, premature decay, and physical and moral suffering, are the positive results of those violations of law which are every day committed. Henry McCormac, M.D., of Belfast, Ireland, an author whose works are calculated to transmit his name with respect to future times, has produced something new, and more important than might at first sight be supposed. It is a popular treatise on "Moral Sanatory Economy,"—which in plain terms exhibits the more concealed vices which abound, are deplored, but have not been eradicated, or scarcely kept at bay, in Christian countries.- Having the pleasure of a personal acquaintance with the learned author, and knowing the amount of influence which he exerts in his native land, it is particularly gratifying to bear witness to his standing, and declare with what earnestness and benevolence he labors to elevate and advance the race. The range of topics in this able production admits of a multitude of convincing illustrations, in the way of evidence, to show how much truth has been overlooked, even by medical moralists, but which should no longer be concealed. There are twelve chapters on the following subjects, which are elaborately argued; viz.. female degradation, employment, education, household culture, criminal management, physical training, clothing, food, drink, air, drainage, and prevention of disease. In these chapters Dr. McCormac points out the sources of mental and bodily impurity, and conducts us, stage by stage, through the greatest of lazar houses, the world, indicating, at each step, the poison to be avoided, while he holds up to view the glorious results of a life of honest compliance with nature's simple demands. We scarcely know how to take leave of this important treatise. Some of the American publishers would find their account in bringing out an edition of it. It is selling rapidly in Great Britain, as it would doubtless do here.

The Milk Trade of New York.—Mr. John Mullaly, of New York, has had the courage to expose the whole system of iniquity practised by milk dealers in and about that great city. But it will not deter the consumers from giving their patronage to the same men who have imposed upon them with impunity, nor frighten the milk merchants from an established scheme of cheating. There is a degree of recklessness and determination on the part of those concerned in the milk trade, that defies the press, the physicians, and even the law. This grows out of the immense demand for milk, and the impossibility of proving who are the real rascals at the bottom of the business. In the hurly-burly of swallowing a cup of coffee at an over-crowded hotel, any white fluid that looks like milk may pass for that beverage, or at least escape a chemical analysis, though considered excessively bad in the estimation of a stranger. The poor suffer severely in consequence of the vile stuff sold them for milk. Their children are made sickly, and positive disease is often developed in them. In drinking in a supposed nourishment, what multitudes take into their stomachs diluted corruption derived from animals enfeebled by improper food and by being housed perpetually in narrow places, where they inhale an atmosphere laden with exhalations from decomposing matter. There is some good milk retailed in New York, and there may be, also, many very honest retailers. But to dilute with water, and then introduce mixtures to give the

characteristic consistency, flavor and degree of richness peculiar to the unadulterated article, is admitted to be a common practice in London, and has been imitated extensively in New York. Whether we have any thing besides water in Boston milk, remains to be ascertained. The demand does not apparently warrant any extra efforts at imitation. When our population has doubled, the materials for cheating may come cheaper than country milk, and then ingenious deceptions may be expected.

We have visited the vast milk establishments of London, and retain a distinct recollection of the condition of the poor imprisoned animals (in one stable four hundred in number) that furnish milk for the multitude. Ulcerations of the liver and a diseased state of the lungs are common, where many cows are kept together in stables. Milk from animals fed on the miserable slops of a brew-house, or distillery, must be of a wretchedly poor quality to begin with—and when it passes to the retailers, it is impossible to conjecture the processes it undergoes to increase the quantity, with a view to a profit on the materials intermingled. The fresh brains of calves, sheep, pigs, &c. beaten up in a small quantity of milk and then poured into a number of gallons of the vilest combination of milk, water, &c., make a factitious fluid that actually passes for genuine milk! What the effect must be on the public health, and especially on that of children, who are by far the largest class of consumers, may be readily conjectured. Under all circumstances, it is best to dispense with city milk as much as possible, if it is the product of cows kept in town; and in the next place, when from the country, continue to purchase of those whose honesty is a guarantee of its purity. There is no stopping place in detailing the mischief that accrues from the habitual use of poor milk. Cheating in every department of trade is certainly rife throughout the world. Either honesty does not meet with encouragement, or the heart of man is inclined to evil perpetually.

Massachusetts Lunatic Hospital. — The twentieth annual report of the trustees states that the bills for 1852, were $24,414 05. They allude to the increase of foreign lunatics, and further observe "that gross impositions are undoubtedly practised by foreign states upon the public charitable provisions of this Commonwealth." For all purposes, the expenditures were $43,878 35, in 1852. Whole number of patients admitted in 1852, 309—and in 20 years, from 1833, 4,170. There were 103 discharged well the past year; 34 discharged improved; 61 not improved; 43 died; and the whole number at the institution in 1852, 775. It is melancholy to discover in the tabular columns that 28 inmates were the victims of intemperance and 26 of masturbation; while the multitude from unknown causes, takes in those of all conditions of insanity, thrown upon the hospital—of which little is known beyond the fact that they are lunatics. Dr. Chandler, with his usual good judgment, has offered but few comments, while he gives all the exact facts, as far as discoverable, in regard to the general health, every-day condition and mortality of the unpromising class of patients placed under his humane care.

Butler Hospital for the Insane. — This institution is under the charge of Isaac Ray, M.D., and is located at Providence, R. I. The average number of patients in 1852, was 139 1-20. One hundred and forty-five could be comfortably accommodated. From the circumstance that Dr. Ray is acknowledged as good authority in matters relating to mental alien-

ation, his report is sought for by general readers. Physicians are not the exclusive examiners of these annual accounts of what is transacted within the walls of lunatic asylums. The community weigh the assertions, the opinions, and the facts, as they are given by medical superintendents. Dr. Ray, therefore, comes in for something more than a mere turning over of the leaves of his reports. In the present report, we have the elements of a treatise on the effects of our political system upon the mental organization of the masses. "But the mental activity which is excited directly by free institutions," says Dr. R., "is not confined to political matters. It pervades every sphere of action, every exercise of thought. The almost absolute freedom from restraint and the independence of foreign control even in opinions merely, lead to a certain hurry and impetuosity of the vital movements, and an impatience that seeks for results by extraordinary effort or superficial methods. Between the calm, steady and persevering endeavor, the adherence to routine and prescription which mark the European, and the novel, dashing career of the American, defying all rule and contrary to all precedent, what a remarkable contrast!" It is not certain where the doctor would end, were his reflections fairly elaborated; but the inference is conclusive, that our rapidity of thought and action, and free inquiry, our bold, determined way of doing, saying and writing upon every thing, every body, and at all times, in and out of season, oftentimes leads to madness. Yet with all the gravity, consideration and deference to old saws and old customs in Europe, the asylums there are as densely peopled as ours. Dr. Ray is a man of originality, and we like his independence in striking out with boldness into the deep waters of the ocean of thought. Much more remains to be said on this interesting topic.

Medical Miscellany. — In Massachusetts the number of State paupers who are foreigners, is "eleven thousand, three hundred and twenty-one." —In 1852, 2,361 were sent to prison in Massachusetts, for intemperance.— The whole number of interments at Mount Auburn Cemetery, near Boston, since it was opened to the public, is 5,580. — Charles Willey recently died at Nottingham, N. H., at the age of 106 years.— A correspondent wishes to know what has been the experience of the profession in the use of "chloroform" (either by inhalationor given internally), i:. "consumption." —The city government of Boston have wisely forbidden the interment of any more bodies in the cemeteries under the churches in the city proper, and in the older burying-grounds.

To Correspondents. — The following papers have been received, and will have an early insertion:—New Apparatus for Fracture of the Radius; Epidemic of 1852 in Newton.

Married, — At New York, John Nelson Borland, M.D., of Boston, to Madeline Gibson, of New York. — At Portsmouth, Va., Dr. W. E. Wyshan, U. S. Navy, to Mary Eliza, daughter of Dr. Thomas Williamson, U. S. N.—Joseph Comstock, M.D., to Miss Caroline E. Champlin, both of Lebanon, Conn.

Died,—At Buffalo, N. Y., 4th inst., Dr. P. Christie, Surgeon in the U. S. Navy, 63.

Deaths in Boston for the week ending Saturday noon, March 19th, 78. Males, 47—females, 31. Apoplexy, 1—inflammation of the bowels, 1—Bright's disease, 1—disease of brain, 2—congestion of brain, 1—consumption, 10—croup, 11—dropsy in head, 5—drowned, 1—infantile diseases, 9—scarlet fever, 5—hooping cough, 2—disease of the heart, 1—inflammation of the lungs, 10—disease of the liver, 1—palsy, 1—old age, 4—peritonitis, 1—pleurisy, 1—disease of the stomach, 1—scald, 1—suicide, 1—teething, 4—tumor, 1—unknown, 1—ulcer, 1.

Under 5 years, 45—between 5 and 20 years, 8—between 20 and 40 years, 8—between 40 and 60 years, 7—over 60 years, 10. Born in the United States, 64—Ireland, 10—England, 1—Scotland, 1—France, 1—Germany, 1. The above includes 3 deaths in the city institutions.

Tracheotomy Performed with Success. By Dr. Foster, *Resident Surgeon of the Charity Hospital, New Orleans.* — An Italian fruiterer, ætat. forty-five, being constantly exposed, in conducting his business, was attacked with laryngitis about the latter part of December, and on the 31st was admitted into the Charity Hospital. Complained of much pain and tenderness over the larnyx, attended with dyspnœa and asphyxia, hoarseness, inflamed fauces, etc. Was treated with tartarized antimony; and his fauces touched with a strong solution of argent. nit. The day after his admission, the dyspnœa became intense, with aggravation of all the symptoms. Was now ordered gr. v. calomel; morphia one sixth gr. every hour. Repeat the cauterization.

On the afternoon of same day, second after admission, there being no abatement of symptoms, to which was now added lividity of face and lips, the operation of Tracheotomy was deemed imperative, and was accordingly promptly performed by Dr. Foster, the House Surgeon. The venous hemorrhage was profuse; but soon subsided after the trachea was opened. An "*ovate curved canula* was placed in the opening, and within this *one of smaller size*," which can be easily removed when it becomes obstructed with mucus. On the third day both canulas were removed. Fifteen days after admission, the patient was discharged cured. — *New Orleans Medical and Surg. Journal.*

Syrup Assafœtida. — It is sometimes desirable to administer assafœtida otherwise than in pill or *per anum*, especially to juvenile patients, and consequently in the least disagreeable form possible; for which reasons the following formula, which I have composed, to produce a syrup of the article, may be of some practical use,—R. Assafœtida ʒi.; Aqua. ʒvies. fiat emulsio ad quem adde Sacch. Alb. ʒviij. et cum calore balnei aquoisa fiant Syrupi ʒ x. quo misi bene Ol Carui gtt. x. The whole of the assafœtida, when clean or carefully selected, can be tritutrated into emulsion, which should not be strained, nor should the syrup, nor the scum be removed; as this and the sediment which is deposited, after standing some time, may be readily re-incorporated by agitation, which should be done before the use or administration of the medicine. I consider this preparation much more artistical, efficient and accurate than that of mixing the tincture with simple syrup, as it is sometimes made.—*N. York Journal of Pharmacy.*

Physicians to the Household of the Emperor of France.—Napoleon III. has organized the medical staff of his household. By an Imperial Decree of the 31st December last, the following appointments are made:—

Dr. Conneau, First Physician to his Majesty, and Chief Physician to the Household.

MM. Andral and Rayer, Physicians, with a salary of 8,000 francs.

M. de Pietra-Santa, Assistant Physician, and Secretary to the Medical Staff, salary 6,000 francs.

MM. Jobert (de Lamballe), A. H. Larrey, Surgeons, with a salary of 8,000 francs.

MM. Begin, Berard, Bouillaud, J. Cloquet, Gaultier de Claubry, Michel Levy, Louis, and Velpeau, Consulting Physicians and Surgeons.

MM. Arnal, Bonlu, L. Corvisart, Delaroque, Fleury, Longet, Tenais, and Vernois, Physicians and Surgeons, to serve quarterly, salary 6,000 francs.—*Gazette Médicale de Paris*, Jan. 15th, 1853.